

**Financial Need Assessment Form  
Graduate Student  
SUMMER 2008 (May 1 – August 30)**

Student Financial Services

- Use this form to be considered for a University of Guelph Bursary and/or Need Based Award and/or Travel Grant
  - Registration in full-time studies is required to participate in this program.
    - You will be notified of your eligibility by email

|   |                                |
|---|--------------------------------|
| <b>NAME:</b>  | <b>STUDENT ID #:</b> _ _ _ _ _ |
| <b>DATE OF BIRTH: YY/MM/DD</b>  | <b>DEPT:</b>                   |
| <b>PROGRAM (MSc, PhD, etc.):</b>  | <b>SEM#:</b>                   |
| MARITAL STATUS:      Married* <input type="checkbox"/> Sole Support Parent <input type="checkbox"/> Single <input type="checkbox"/> |                                |
| *If your partner is registered in Post Secondary Studies, please include his/her Date of Birth (YY/MM/DD)    ___/___/___            |                                |
| If <b>YOU</b> have children: How many children in each age group live with you full-time?    _____ 0-11 yrs    _____ ≥12 yrs        |                                |

**AWARD APPLICATION**

- **Only submit ONE N.A.F** and attach a separate sheet of paper if necessary.
- You must be on Ontario resident to be considered for ACCESS funding.
- You will automatically be considered for a general Bursary if you do not list any awards here, or if you have and are not successful in the specific award competition.

|           |           |
|-----------|-----------|
| <b>1.</b> | <b>2.</b> |
| <b>3.</b> | <b>4.</b> |

**RESIDENCE STATUS**

**What is your current citizenship status?**                   Canadian Citizen                   Permanent Resident

Please check the **one** statement that best describes your current situation:

You have always lived in Ontario, or Ontario is the last province you resided in for 12 consecutive months without being a full-time post-secondary student.

You reside in Ontario and you have lived in Canada for less than 12 months.

Ontario is the last province your parent(s), step-parent(s), legal guardian(s), or official sponsor(s) has resided in for at least 12 consecutive months immediately before the last day of the month that classes begin for the most recent period of full-time studies.

You reside in Ontario and you and your parent(s), stepparent, legal guardian, or official sponsor(s) has resided in Canada for less than 12 months.

*If you are married or in a common-law relationship, you may select from one of the following two choices;*

Your partner has always resided in Ontario or Ontario is the last province your partner resided in for 12 consecutive months without being a full-time post-secondary student.

You reside in Ontario and you and your partner have lived in Canada for less than 12 months.

**OR**

You now live in Ontario, but none of the above statements applies to you.

**GTA/GRA/GSA INFORMATION:** To be completed by the **Chair (or designate)** of your Department. *Applications will be returned to the student if this is not completed in full.*

|  |                                       |   |
|--|---------------------------------------|---|
| <b>Semester</b>  | <b>Indicate GTA/GRA/GSA (Specify)</b> | <b>Amount Committed to this Student**</b> |
| Summer 2008.....   | .....                                 | .....\$                                   |
| <b>X</b>   | /                                     | /   |
| <b>Signature</b>   | <b>Print Full Name</b>                | <b>Date</b>                               |
| **This information will be verified against payroll data in July. Discrepancies will result in the re-evaluation of bursary decisions and in some cases, students may be required to return their bursaries to the University of Guelph. |                                       |   |

**FOR OFFICE USE ONLY**

|  |                      |                          |
|--|----------------------|--------------------------|
| ON OSAP <input type="checkbox"/> or MAX OSAP <input type="checkbox"/> or NOT OSAP <input type="checkbox"/> | INITIAL/DATE:        | \$                       |
| <b>AIDE:</b>   | <b>Notification:</b> | <b>Cheque Requested:</b> |
|  |                      | <b>Special Requests:</b> |

**A SOURCES OF FINANCIAL ASSISTANCE: Complete section '1' or '2', whichever is applicable**

When did you last attend /complete high school (HS) on a full-time basis? (month/year): \_\_\_\_\_ / \_\_\_\_\_

**1) If you have NOT been out of high school for 4 complete years, complete this section.**

|   |  |
|---|--|
| Parents Marital Status: Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/><br>(If this is anything other than 'Married', provide the income of the parent with whom you reside) |  |
| Father's 2007 income as reported on line 150 of Income Tax Return   |  |
| Mother's 2007 income as reported on line 150 of Income Tax Return   |  |
| # of dependent children in your family including yourself (dependent is defined as pre-school/grade school & high school children and children in post secondary studies that have NOT been out of HS more than 4 years.)   |  |
| # of dependent children registered in full-time post-secondary studies for the 2008 Summer Semester (including yourself)  |  |
| Enter your pre-study income (gross income 16 weeks prior to the start of your study period)   |  |

**2) If married or sole-support parent and/or have been out of high school for 4 complete years, complete this section.**

|  |                  |
|--|------------------|
| Partner's 2007 income as reported on line 150 of Income Tax Return                             |                  |
| The number of children in each of the following age category:                                  | 0 - 11 yrs       |
|  | >12 yrs or older |
| Enter your pre-study income (gross earnings for the 16 week period prior to your study period) |                  |

**B INCOME/RESOURCES**

|   |  |
|---|--|
| Bank balance on May 1   |  |
| Parents/Partner's financial contribution towards your studies   |  |
| Awards/Bursaries/Scholarships (known)   |  |
| Graduate Teaching or Research Assistantships (as indicated on the front of the application by your department)                          |  |
| Estimated employment income from May - August. Will this be work-study income? <input type="checkbox"/> yes <input type="checkbox"/> no |  |
| Total OSAP Assistance   |  |
| Total Out of Province or Out of Country Loan Assistance (indicate from where i.e. BCSAP)  |  |
| Student bank loan/Personal Line of Credit (available balance only)  |  |
| Government Income (specify):  |  |
| Investments, e.g. GICs, mutual funds, bonds, RRSP's, RESP's etc. (specify):   |  |
| <b>TOTAL Financial Resources (Report on Line 1 below)</b>   |  |

**C EXPENSES: Choose the ONE best option that explains your academic plans**

|  |                       |  |
|--|-----------------------|--|
| <input type="checkbox"/> I am Single, will be registered full-time in a Graduate Program and will live away from home.   | <b>Claim \$7,950</b>  |  |
| <input type="checkbox"/> I am Single, will be registered full-time in a Graduate program and will live at home with parents/guardians.   | <b>Claim \$4,750</b>  |  |
| <input type="checkbox"/> I am married or a sole support parent and will be registered full-time in a graduate program.   | <b>Claim \$11,550</b> |  |
| Other expenses: <b>Do not include tuition, books, or living costs. Do include additional fees that may apply specifically to your program, Medical/Dental expenses (attach receipts), etc.</b> <i>Note:</i> You may include travel costs if you are participating in a University of Guelph approved travel program. A <b>Travel Grant Application</b> must accompany this form for consideration of a bursary and travel award) |                       |  |
| <input type="checkbox"/> For dependent children aged 0-11 years or disabled children 12 years and older, claim an additional \$1500 per child:<br>(# children 0-11 or >12 & disabled) _____ X \$1500 = _____ (claim this amount)   |                       |  |
| <input type="checkbox"/> For dependent children 12 years and older, claim an additional \$500 per child<br>(# children >12 yrs) _____ X \$500 = _____ (claim this amount)  |                       |  |
| <b>TOTAL Expenses (Report on Line 2 below)</b>   |                       |  |

**D FINANCIAL NEED**

|  |  |
|--|--|
| Line 1 (from Section B: Resources)                 |  |
| Line 2 (from Section C: Expenses)                  |  |
| <b>FINANCIAL NEED: Subtract Line 2 from Line 1</b> |  |

**COMMENTS: attach a separate letter if necessary**

I certify that the information contained in this application is complete and true. I agree to provide Student Financial Services with any documentation necessary to verify the above noted information. I understand that failure to provide such documentation may affect current or future eligibility for the bursary program. I further understand that should my eligibility for the bursary program be terminated, I may be required to refund any monies I have received from the University under the bursary program.

**Signature****Date**